



**Minors on Campus Policy
Program and Activities**

Name of Program/Activity: _____

Department Sponsoring: _____

Dean/Director/Department Head: _____

Address: _____

Phone: _____ Email Address: _____

Description of the program/activity:

How will the minors participate in the program/activity:

Program/Activity Date(s) and time(s): _____

Number of minors participating: _____ Age range of minors: _____

Location of program/activity: _____

Who will be supervising/accompanying the minors while participating in the program/activity:

Does the program/activity involve overnight stay in university housing? Yes No

Has all program staff been background checked? Yes No

Has all program staff completed NJIT required training? Yes No

Signature of program/activity director: _____ Date: _____

Signature of Dean/Department Head: _____ Date: _____

Please send the completed and signed form to Risk Management Department at least thirty (30) days prior to the first scheduled date of participation of minors.